Bill Comparison Summary of
Senate File 4410 (second unofficial engrossment) / Senate File 4410 (third engrossment)

House Article 1: Department of Health Finance
Senate Article 13: Department of Health

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Section	HOUSE Article 1: Department of Health Finance		SENATE Article 13: Department of Health
1	**Provider balance billing requirements.** Adds § 62J.811. Requires health care providers and health facilities to comply with the federal No Surprises Act, which governs surprise billing for emergency care, nonemergency care from out-of-network providers at in-network facilities, and air ambulances. Authorizes the commissioner of health to accept and investigate complaints about violations and to enforce this section. **Subd. 1. Requirements.** Requires health care providers and health facilities to comply with the federal No Surprises Act, including any regulations adopted under that act, to the extent it imposes requirements that apply in this state but are not required under state law. **Subd. 2. Compliance and investigations.** Requires the commissioner of health to seek cooperation of health care providers and facilities in complying with this section, and allows the commissioner to conduct compliance reviews. Allows individuals to file complaints with the commissioner if a provider or facility fails to comply with the federal No Surprises Act or with this section. Provides that the commissioner must investigate complaints and specifies requirements for investigations, notices of investigation results, and enforcement. Requires penalty amounts collected to be deposited in the general fund and appropriated to the commissioner for purposes of this section. This section is effective the day following final enactment.	House only	

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2	**Compliance with 2021 federal law.** Adds subd. 3 to § 62Q.021. Requires health plan companies, health providers, and health facilities to comply with the federal No Surprises Act, including any regulations adopted under the act, to the extent it imposes requirements that apply in this state but are not required under state law. Requires enforcement by the commissioner of health for entities regulated by the commissioner of health, and enforcement by the commissioner of commerce for entities regulated by the commissioner of commerce.	House only	
3	**Coverage restrictions or limitations.** Amends § 62Q.55, subd. 5. Requires cost-sharing requirements that apply to emergency services obtained from an out-of-network provider to count toward an enrollee's in-network deductible, and requires coverage and charges for emergency services to comply with the federal No Surprises Act, including federal regulations adopted under that act.	House only	
4	**Consumer protections against balance billing.** Amends § 62Q.556. Modifies state law prohibiting balance billing to conform with the federal No Surprises Act. Changes made include referring to federal law to define the circumstances under which an enrollee is protected when receiving services from a nonparticipating provider at a participating hospital or ambulatory surgical center; prohibiting balance billing when an enrollee receives services from a nonparticipating provider or facility providing emergency services or other services specified in federal law; allowing balance billing in certain circumstances if an enrollee gives informed consent that complies with federal law; requiring a	House only	

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	health plan company and nonparticipating provider to resolve disputes on payment using the federal independent dispute resolution process instead of through arbitration; requiring annual reporting of data; and allowing the commissioner of commerce or commissioner of health to enforce this section.		
5	**Change in health plans.** Amends § 62Q.56, subd. 2. Authorizes continuity of care for up to 120 days for an enrollee who is pregnant (rather than an enrollee who is pregnant beyond the first trimester). Under this subdivision, if an enrollee is subject to a change in health plans, the enrollee's new health plan company must grant an enrollee's request for authorization to receive services from the enrollee's current health care provider for up to 120 days if the enrollee is receiving a course of treatment for certain conditions.	House only	
6	**Standards of review.** Amends § 62Q.73, subd. 7. Provides that the standard of review for external review of an adverse determination made regarding a health care service or claim, to be based on whether the adverse determination was in compliance with state and federal law, in addition to whether the determination was in compliance with the enrollee's health benefit plan as in current law.	House only	
7	**Non-claims-based payments.** Adds subd. 5b to § 62U.04. Para. (a) requires health plan companies and third-party administrators, beginning in 2024, to submit to the all-payer claims database, non-claims-based	House only	

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	payments made to health care providers. Requires the data to be submitted in a form, manner, and frequency specified by the commissioner. Specifies what non-claims-based payments include; requires these payments to be attributed to health care providers to the extent possible; and requires these payments to be combined with other data in analyses of health care spending. Para. (b) classifies data collected under this subdivision as nonpublic data, allows summary data to be derived from nonpublic data, and requires the commissioner to establish procedures to protect the integrity and confidentiality of the data. Para. (c) requires the commissioner to consult with the listed entities in developing the data reported and standardized reporting forms.		
8	**Restricted uses of the all-payer claims data.** Amends § 62U.04, subd. 11. Allows non-claims-based payment data to be used for the listed allowable uses of data held in the all-payer claims database. Allows data in the all-payer claims database to be used on an ongoing basis to analyze variations in health care costs, quality, utilization, and illness burden based on geographic areas or populations (under current law data may be used for this purpose only until July 1, 2023).	House only	
9	**Outcomes reporting; savings determination.** Amends § 62U.10, subd. 7. Allows the commissioner to use data on non-claims-based payments, along with other data in the all-payer claims database, to make annual determinations of actual	House only	

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	total private and public health care and long-term care spending related to certain health indicators. Also strikes obsolete language.		
		Senate only	**Section 1 (103I.005, subdivision 17a)** creates a definition for a submerged closed loop heat exchanger.
		Senate only	**Section 2 (103I.005, subd. 17b)** moves the current definition of a temporary boring to a new subdivision.
		Senate only	**Section 3 (103I.005, subd. 20a**) includes in the definition of a water supply well any well that is used for containing a submerged closed loop heat exchanger.
		Senate only	**Section 4 (103I.631)** establishes the parameters for installing a submerged closed loop heat exchanger. **Subdivision 1** requires that the commissioner of health permit the installation of a submerged closed loop heat exchanger in a water supply well. **Subd. 2** specifies that only water supply wells used for the nonpotable purpose of providing heating and cooling using a submerged closed loop heat exchanger are exempt from isolation distance requirements greater than 10 feet. **Subd. 3** specifies that the screened interval of a water supply well that is constructed to contain a submerged closed loop exchanger completed within a single aquifer may be designed and constructed using any combination of screen, casing, leader, riser, sump, or

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			other piping combinations so long as the screen configuration does not interconnect with aquifers. **Subd. 4** states that a submerged closed loop heat exchanger is not subject to the permit requirements of chapter 103I. **Subd. 5** states that a variance is not required to install or operate a submerged closed loop heat exchanger.
10	**Advisory council on water supply systems and wastewater treatment facilities.** Adds § 115.7411. Establishes an advisory council on water supply systems and wastewater treatment facilities of 11 members to advise the commissioner of health and commissioner of the Pollution Control Agency on issues related to water supply systems and wastewater treatment facilities and operators. Specifies membership, and requires at least a certain number of appointees to be from outside the seven-county metro area and one of the wastewater treatment facility operators to be from the Metropolitan Council. Provides that terms, compensation, and removal of members are governed by section 15.059. Requires election of a chair after appointment of new members, and requires the Department of Health representative to serve as secretary.	House only	
		Senate only	**Section 5 (144.057, subd. 1)** specifies that the Department of Human Services is not required to conduct a background study under chapter 245C on an individual who is employed at a facility or agency licensed by the Department of Health if the individual has a valid license issued by a health-related licensing board and has completed a criminal background check under

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			section 214.075 as part of the health-related licensing board's licensing process.
11	**License, permit, and survey fees.** Amends § 144.122. Amends health care facility licensing fees collected by the commissioner of health, to require the commissioner to charge hospitals an annual licensing base fee of $1,150 per hospital, plus a fee of $15 per licensed bed/bassinet. Provides the revenue is deposited in the state government special revenue fund and credited toward trauma hospital designations.	House only	
12	**Definitions.** Amends § 144.1501, subd. 1. Adds definitions for the following terms for the health professional education loan forgiveness program: acupuncture practitioner, advanced practice provider (which replaces the term midlevel practitioner), public health employee, and underserved patient population.	House only	
13	**Creation of account.** Amends § 144.1501, subd. 2. Modifies eligibility for loan forgiveness, to make eligible: ▪ medical residents, mental health professionals, and alcohol and drug counselors who agree to provide at least 25 percent of their yearly services to patients in an underserved patient population; ▪ nurses who agree to practice in a school district or charter school;	House only (see S.F. 3249, on floor)	

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	▪ acupuncture practitioners who agree to practice in designated rural areas; ▪ mental health professionals who agree to provide clinical supervision in their designated field; and ▪ public health employees serving in a public health department in an area of high need. Modifies a term used and makes a change to dentist eligibility to conform with the addition of a definition for underserved patient population.		
14	**Eligibility.** Amends § 144.1501, subd. 3. Adds public health employees and acupuncture practitioners to the list of professionals eligible for loan forgiveness. Allows public health employees to receive loan forgiveness within three years after completing required training. Exempts nurses who agree to teach from the requirement that the service obligation must begin by March 31 following completion of required training.	House only	
15	**Loan forgiveness.** Amends § 144.1501, subd. 4. Requires the commissioner to distribute available funds for public health employee loan forgiveness according to areas of high need. In considering applications from mental health professionals, requires the commissioner to give preference to applicants who work in rural or culturally specific organizations. Exempts nurses who agree to teach from the four-year maximum for the nurse's service obligation and for loan forgiveness.	House only	

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16	**Penalty for nonfulfillment.** Amends § 144.1501, subd. 5. Requires the commissioner to deposit loan forgiveness funds repaid by participants who received loan forgiveness but did not complete the required service commitment, into an account in the special revenue fund, and appropriates that money to the commissioner for loan forgiveness awards. (Under current law these funds are deposited in the health care access fund and credited to the health professional education loan forgiveness program account.)	House only	
17	**Hospital nursing loan forgiveness program.** Adds § 144.1504. Establishes a hospital nursing loan forgiveness program for nurses participating in the federal public student loan forgiveness program and providing direct patient care in a nonprofit hospital. **Subd. 1. Definition.** Defines terms for this section: nurse, PSLF program. **Subd. 2. Eligibility.** To be eligible for loan forgiveness under this section, requires a nurse to be enrolled in the federal public student loan forgiveness (PSLF) program, be employed full-time as a registered nurse by a nonprofit hospital, and be providing direct patient care. Specifies application requirements, and requires an applicant selected to participate to sign a contract to continue to provide direct patient care at the nonprofit hospital during the repayment period. **Subd. 3. Loan forgiveness.** Requires the commissioner to make annual payments directly to participants in the	House only	

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	amount equal to the minimum loan repayment the participant paid under the PSLF program for the previous loan year. Requires the participant to verify that the amount of loan repayment disbursement received is applied toward the loan for which forgiveness is sought under the PSLF program. **Subd. 4. Penalty for nonfulfillment.** Requires the commissioner to collect the total amount paid to a participant under this section if the participant does not fulfill the service commitment in this section or if the participant does not meet the eligibility requirements for the PSLF program. Authorizes the commissioner to waive collection of money under this subdivision if emergency circumstances prevent fulfillment of the service commitment or if the PSLF program is discontinued before the participant completes the service commitment.		
18	**Health professionals clinical training expansion and rural and underserved clinical rotations grant programs.** Amends § 144.1505. Establishes a rural and underserved clinical rotations grant program, in which the commissioner of health awards grants to health professional training sites to add rural and underserved rotations or clinical training experiences for certain health professionals. Lists allowable uses of funds.	House only	
19	**Primary care rural residency training grant program.** Adds § 144.1507. Establishes a primary care rural residency training grant program, in which the commissioner of health awards grants to eligible programs to plan and implement rural residency training programs. Limits grants to $250,000 per	House only	

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	resident per year for the first year and $225,000 for each following year. Lists allowable uses of grant funds. Establishes an application process and a process for consideration of grant applications and grant awards. Allows the commissioner to require and collect from grantees information necessary to evaluate the program. Provides that appropriations made to the program do not cancel and are available until expended.		
20	**Mental health provider supervision grant program.** Adds § 144.1508. Establishes a program to provide grants to mental health providers to fund supervision of interns and clinical trainees and to subsidize the cost of licensing applications and examination fees for clinical trainees. **Subd. 1. Definitions.** Defines terms for this section: mental health professional, underrepresented community. **Subd. 2. Grant program established.** Directs the commissioner of health to award grants to eligible mental health providers to fund supervision of interns and clinical trainees working toward becoming a licensed mental health professional and to subsidize the costs of mental health professional licensing applications and examination fees. **Subd. 3. Eligible providers.** Provides that to be eligible for a grant, a mental health provider must either provide at least 25 percent of its yearly services to state public program enrollees or patients receiving sliding fee discounts, or primarily serve persons from communities of color or underrepresented communities.	House only (see S.F. 3249, on floor)	

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	Subd. 4. Application; grant award. Requires a mental health provider seeking a grant to apply to the commissioner, and requires the commissioner to review applications and to determine grant amounts awarded. **Subd. 5. Allowable uses of grant funds.** Allows a mental health provider to use grant funds to pay for direct supervision hours for interns and clinical trainees, to establish a program to provide supervision to multiple interns or clinical trainees, and to pay mental health professional licensing application and examination fees. **Subd. 6. Program oversight.** Allows the commissioner to require grant recipients to provide the commissioner with information needed to evaluate the program.		
21	**Mental health professional scholarship grant program.** Adds § 144.1509. Establishes a mental health professional scholarship grant program administered by the commissioner of health. **Subd. 1. Definitions.** Defines terms for this section: mental health professional, underrepresented community. **Subd. 2. Grant program established.** Establishes a mental health professional scholarship program for mental health providers to fund employee scholarships for master's level education programs to become mental health professionals. **Subd. 3. Provision of grants.** Directs the commissioner of health to award grants to mental health providers to	House only	

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	provide tuition reimbursement for master's level programs and reimbursement for certain related costs for individuals who have worked for the mental health provider for at least the past two years in one or more of the listed roles. **Subd. 4. Eligibility.** Provides that to be eligible for a grant, a mental health provider must either provide at least 25 percent of its yearly services to state public program enrollees or patients receiving sliding fee discounts, or primarily serve persons from communities of color or underrepresented communities. **Subd. 5. Request for proposals.** Directs the commissioner to publish a request for proposals specifying eligibility requirements, employee scholarship program criteria, provider selection criteria, documentation requirements, the maximum award amount, and method of evaluation. **Subd. 6. Application requirements.** Requires an eligible provider seeking grant under this section to apply to the commissioner, and lists information that an application must contain. **Subd. 7. Selection process.** Requires the commissioner to determine a maximum award amount and to select grant recipients based on information provided in the application. **Subd. 8. Grant agreements.** Provides that funds awarded to a grant recipient do not lapse until the grant agreement expires.		

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	Subd. 9. Allowable uses of grant funds. Allows a mental health provider to use grant funds to provide tuition reimbursement for a master's level program that will allow an employee to qualify as a mental health professional, and for resources and supports that support an employee in a master's level program. **Subd. 10. Reporting requirements.** Requires a mental health provider receiving a grant under this section to report certain information to the commissioner.		
22	**Clinical health care training.** Adds § 144.1511. Allows the commissioner of health to distribute funds for clinical training to eligible entities hosting clinical trainees from a clinical medical education training program and teaching institution, for professions determined by the commissioner to be in a high need area and in a profession for which there is a shortage of providers. Specifies criteria for eligible entities hosting clinical trainees and establishes application procedures. Requires teaching institutions receiving funds under this section to sign and submit a grant verification report verifying that the correct grant amount was forwarded to each eligible entity, and requires teaching institutions to provide other information required by the commissioner to evaluate the grant program.	House only	
23	**Authority of commissioner; safe drinking water.** Amends § 144.383. Adds to the authority of the commissioner of health related to drinking water, the authority to maintain a database of lead service lines, provide technical assistants to community water systems, and ensure lead service line	House only	

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	inventory data is accessible to the public with relevant educational materials.		
24	**Health facilities construction plan submittal and fees.** Amends § 144.554. Increases fees that hospitals, nursing homes, boarding care homes, residential hospices, supervised living facilities, outpatient surgical centers, and end-stage renal dialysis facilities must pay to the commissioner of health for plan review and approval for construction projects.	House only	
25	**Definitions.** Adds § 144.7051. Defines terms for sections establishing requirements for hospital nurse staffing committees and hospital core staffing plans: commissioner; daily staffing schedule, direct care registered nurse, hospital. This section is effective April 1, 2024.	House only	
26	**Hospital nurse staffing committees.** Adds § 144.7053. Requires a hospital to establish a hospital nurse staffing committee or assign duties to an existing committee; establishes requirements for committee membership, compensation, and meeting frequency; and establishes committee duties. **Subd. 1. Hospital nurse staffing committee required.** Requires a hospital to establish a hospital nurse staffing committee, or to assign duties to an existing committee that meets the membership requirements for a hospital nurse staffing committee.	House only	

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	Subd. 2. Committee membership. Requires at least 35 percent of the committee's membership to be direct care registered nurses, at least 15 percent of the committee's membership to be other direct care workers, and no more than 50 percent of the committee's membership to be appointed by the hospital. **Subd. 3. Compensation.** Requires a hospital to compensate a hospital employee at the employee's existing rate of pay for participating in committee meetings, and requires a hospital to relieve direct care registered nurse members of other work duties during meeting times. **Subd. 4. Meeting frequency.** Requires a committee to meet at least quarterly. **Subd. 5. Committee duties.** Requires a committee to create and update an evidence-based core staffing plan to guide the creation of daily staffing schedules for each inpatient care unit at the hospital. Lists other required duties of the committee. This section is effective April 1, 2024.		
27	**Hospital core staffing plan.** Amends § 144.7055. In a section governing hospital core staffing plans, specifies information that must be included in a plan, requires a core staffing plan to comply with listed criteria, lists information that must be considered in developing the plan, establishes reporting requirements and requirement for	House only	

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	posting core staffing plans and licensing actions, and requires submission of core staffing plans to the commissioner. **Subd. 1. Definitions.** Strikes a definition of patient acuity tool, modifies the definition of core staffing plan to refer to the requirements in subdivision 2, and makes a conforming change to the definition of inpatient care unit. **Subd. 2. Hospital core staffing plans.** Moves the duty to establish a core staffing plan from the chief nursing executive or a designee of a hospital to the hospital nurse staffing committee. Lists what information must be included in a core staffing plan, and requires a core staffing plan to comply with the listed criteria. **Subd. 2a. Development of hospital core staffing plans.** Makes a change to conform with assigning the duty to develop a core staffing plan to the hospital nurse staffing committee. Lists information that the hospital nurse staffing committee must consider when developing a core staffing plan. **Subd. 3. Standard electronic reporting of core staffing plans.** In a subdivision requiring hospitals to report core staffing plans to the Minnesota Hospital Association (MHA), also requires hospitals to submit to the MHA updates to a core staffing plan, and requires the MHA to update the Minnesota Hospital Quality Report website with updated core staffing plans within 30 days after receiving the updated plan.		

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	Subd. 4. Standard electronic reporting of electronic patient care report. Removes obsolete language and makes a technical change. **Subd. 5. Mandatory submission of core staffing plan to commissioner.** Requires a hospital to submit its core staffing plan and updates to the commissioner and specifies that core staffing plans held by the commissioner are public. This section is effective April 1, 2024.		
28	**Implementation of hospital core staffing plans.** Adds § 144.7056. Requires a hospital to implement the core staffing plan, and allows the hospital to seek to amend the plan through arbitration. Requires public posting of core staffing plans and compliance with them, requires a hospital to provide patients and visitors with copies of the posted information, and establishes requirements for documenting compliance and retention of records documenting compliance. **Subd. 1. Plan implementation required.** Requires a hospital to implement the core staffing plan approved by the hospital nurse staffing committee. **Subd. 2. Public posting of core staffing plans.** Requires a hospital to post the core staffing plan for each inpatient care unit in a public area on the unit. **Subd. 3. Public posting of compliance with plan.** Requires the hospital to post a notice stating whether a unit's current staffing complies with that unit's core staffing plan,	House only	

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	and specifies what each notice must include and where it must be posted. **Subd. 4. Public distribution of core staffing plan and notice of compliance.** Requires a hospital to post a notice that copies of the materials in subdivisions 2 and 3 are available on request to patients and visitors, and requires the hospital to provide the materials to individuals requesting them within four hours after the request. **Subd. 5. Documentation of compliance.** Requires a hospital to document compliance with its core staffing plan, to maintain records documenting compliance for at least five years, and to provide its nurse staffing committee with access to this documentation. **Subd. 6. Dispute resolution.** Allows a hospital to attempt to amend a core staffing plan through arbitration and specifies what the arbitration process must include. During the dispute resolution process, requires the hospital to implement the core staffing plan as written. If the dispute resolution process results in an amendment to the core staffing plan, requires the hospital to implement the amended plan. This section is effective June 1, 2024.		
29	**Retaliation prohibited.** Adds § 144.7059. Prohibits a hospital or a health-related licensing board from retaliating against or disciplining a hospital employee for challenging the process for forming a nurse staffing committee, challenging a core staffing plan, objecting	House only	

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	to a patient assignment that would lead to the nurse violating medical restrictions, or reporting unsafe staffing conditions. This section is effective April 1, 2024.		
30	**Drug overdose and substance abuse prevention.** Adds § 144.8611. Establishes duties for the commissioner of health to prevent drug overdoses and substance abuse. **Subd. 1. Strategies.** Requires the commissioner of health to support collaboration and coordination between state and community partners to expand funding to address the drug overdose epidemic by establishing regional overdose prevention teams, funding services through the Homeless Overdose Prevention Hub, and providing grants for a recovery-friendly workplace initiative. **Subd. 2. Regional teams.** Requires the commissioner to establish community-based prevention grants and contracts for eight regional overdose prevention teams aligned with the eight EMS regions. Directs regional teams to implement prevention programs appropriate for the region. **Subd. 3. Homeless Overdose Prevention Hub.** Requires the commissioner to issue a grant to provide emergency and short-term housing subsidies through the Homeless Overdose Prevention Hub. (The Homeless Overdose Prevention Hub primarily serves urban American Indians and is managed by the Native American Community Clinic.)	House only	

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	Subd. 4. Workplace health. Requires the commissioner to establish a grants and contracts program to support the recovery-friendly workplace initiative. **Subd. 5. Eligible grantees.** Describes organizations eligible to receive grants under subdivision 4 to support workplace health. Allows at least one statewide organization and up to five smaller organizations to be selected for grants under subdivision 4. **Subd. 6. Evaluation.** Requires the commissioner of health to evaluate each component of this program. **Subd. 7. Report.** Requires grant recipients to report program outcomes to the commissioner in a form and manner established by the commissioner.		
31	**Elevated blood lead level.** Amends § 144.9501, subd. 9. Modifies the definition of elevated blood lead level in the Lead Poisoning Prevention Act that triggers public health response activities, from 10 micrograms of lead or greater per deciliter of whole blood, to 3.5 micrograms of lead or greater per deciliter of whole blood. (This standard is also lower than the standard established by order of the commissioner of health, of 5 micrograms of lead or greater per deciliter of whole blood.)	House only	
32	**Climate resiliency.** Adds § 144.9981. Requires the commissioner of health to implement a climate resiliency program to increase awareness of climate change, track public health impacts of climate change	House only	

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	and extreme weather events, provide technical assistance to support climate resiliency, and coordinate with other state agencies on this topic. Directs the commissioner to manage a grant program for climate resiliency planning. Requires grants to be awarded through a request for proposals process to the listed types of organizations to plan for health impacts of extreme weather events and to develop adaptation actions. Requires grant recipients to use funds to develop a plan or implement strategies to reduce health impacts from extreme weather events. Lists information an application must include.		
		Senate only	**Section 15 (145.267)** moves the current fetal alcohol spectrum disorders prevention grant program language to the Department of Health chapter of law. (Currently this program is administered by the Department of Human Services and the administration of this program is being moved from DHS to MDH). The move is effective July 1, 2023.
33	**Long COVID; supporting survivors and monitoring impact.** Adds § 145.361. Establishes a program for the commissioner of health to conduct community needs assessments and establish a surveillance system to address long COVID. Lists purposes of this program. Also requires the commissioner to identify priority actions to support long COVID survivors and their families, implement evidence-informed priority actions, and award grants and contracts to organizations to serve communities disproportionately impacted by COVID-19 and long COVID and to organizations to support survivors of long COVID and their families.	House only	

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34	**988; National Suicide Prevention Lifeline number.** Adds subd. 6 to § 145.56. Expands the National Suicide Prevention Lifeline to improve quality of care and access to behavioral health services.	House only	
35	**Definitions.** Adds subd. 7 to § 145.56. Defines terms for a section on suicide prevention: commissioner, department, National Suicide Prevention Lifeline, 988 administrator, 988 Hotline or Lifeline Center, Veterans Crisis Line.	House only	
36	**988 National Suicide Prevention Lifeline.** Adds subd. 8 to § 145.56. Requires the commissioner of health to administer the designated lifeline and oversee a Lifeline Center or network of Lifeline Centers to answer contacts from individuals accessing the National Suicide Prevention Lifeline. Establishes requirements for designated Lifeline Centers. Requires the department to collaborate with the National Suicide Prevention Lifeline and the Veterans Crisis Line networks to ensure consistent public messaging about 988 services.	House only	
37	**Universal, voluntary home visiting program.** Adds § 145.871. Directs the commissioner of health to award grants for universal, voluntary home visiting services for families expecting or caring for an infant. **Subd. 1. Grant program.** Paragraph (a) directs the commissioner of health to award grants to community health boards, nonprofit organizations, Tribal nations, and	House only	

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	health care providers to establish voluntary home visiting services for families expecting or caring for an infant, including families adopting an infant. Paragraph (b) provides that the home visiting services must: (1) provide a range of one to six visits that occur prenatally or within the first four months of the infant's birth or adoption; and (2) improve outcomes in two or more of the specified areas. Paragraph (c) requires that the home visiting services are available to all families statewide by June 30, 2025. Prior to the services being available statewide, the commissioner of health must prioritize applicants serving high-risk or high-need populations. **Subd. 2. Home visiting services.** Paragraph (a) lists the minimum requirements for the home visiting services established under the section. Paragraph (b) provides that the home visiting services may be offered through telephone or video communication when the commissioner of health determines such methods are necessary to protect the health and safety of the individuals receiving the visits and the home visiting workforce. **Subd. 3. Administrative costs.** Allows the commissioner of health to use up to seven percent of the annual appropriation for administration, training, and technical assistance, and to conduct ongoing evaluations of the program. Provides that the commissioner of health may		

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	contract for training, capacity building, technical assistance, and evaluation support.		
38	**AIDS prevention grants.** Amends § 145.924. Permits the commissioner to manage a program and award grants to expand access to harm reduction services and improve linkages to care to prevent HIV/AIDS, hepatitis, and other infectious disease for people experiencing homelessness or housing instability.	House only	
39	**Community solutions for healthy child development grant program.** Adds § 145.9271. Requires the commissioner to establish a community solutions for healthy child development grant program. **Subd. 1. Establishment.** Requires the commissioner to establish a community solutions for healthy child development grant program, to improve child development outcomes for children of color and American Indian children from prenatal to grade 3 and their families, reduce racial disparities in children's health and development, and promote racial and geographic equity. **Subd. 2. Commissioner's duties.** Lists duties for the commissioner: to develop a request for proposals; provide outreach, technical assistance, and program development support to increase capacity for new and existing service providers to meet statewide standards; review proposals and award grants; communicate with the ethnic councils, the Indian Affairs Council, and the Children's Cabinet;	House only	

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	establish an accountability process; provide grantees with access to data to help them establish and implement community-led solutions; maintain data on outcomes; and contract with a third party for evaluation. **Subd. 3. Community solutions advisory council; establishment; duties; compensation.** Requires the commissioner to convene a 12-member community solutions advisory council and lists advisory council membership and duties. Allows compensation for advisory council members according to section 15.059, subdivision 3. **Subd. 4. Eligible grantees.** Provides organizations eligible for grants under this section include organizations that work with Black, Indigenous, and people of color communities; Tribal nations and organizations; and organizations that focus on healthy child development. **Subd. 5. Strategic consideration and priority of proposals; eligible populations; grant awards.** Requires the commissioner to develop a request for proposals for healthy child development grants. Requires proposals to focus on increasing racial equity and healthy child development and reducing health disparities in children from Black, nonwhite people of color, and American Indian communities. Lists criteria for organizations to which the commissioner must give priority in awarding grants. Requires the first round of grants to be awarded by April 15, 2023. **Subd. 6. Geographic distribution of grants.** Requires the commissioner and advisory council, to the extent possible,		

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	to award grants to organizations within counties that have a higher proportion of Black, nonwhite people of color, and American Indians than the state average. **Subd. 7. Report.** Requires grantees to report grant outcomes to the commissioner in a format and manner specified by the commissioner.		
40	**Lead testing and remediation grant program; schools, child care centers, family child care providers.** Adds § 145.9272. Requires the commissioner to establish a program to provide grants to test drinking water in child care centers and family child care providers for lead and to remediate identified sources of lead in drinking water, and to provide grants to remediate identified sources of lead in drinking water in schools. Specifies priorities in awarding grants. Requires child care centers and family child care providers to use grant funds to test drinking water for lead, remediate sources of lead contamination in the building, and implement best practices for water management; and requires schools to use grant funds to remediate sources of lead contamination in the building and implement best practices for water management.	House only	
41	**Reports; school test results and remediation efforts for lead in drinking water.** Adds § 145.9274. Requires school districts and charter schools to report to the commissioner of health test results and information on remediation efforts regarding lead in drinking	House only	

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	water, and requires the commissioner to post this information by school site on the department website.		
42	**Skin-lightening products public awareness and education grant program.** Adds § 145.9275. Directs the commissioner of health to award grants to community-based organizations that serve ethnic communities and focus on issues of colorism, skin-lightening products, and chemical exposures. Requires priority to be given to certain organizations in awarding grants. Requires grant recipients to use grant funds for public awareness and education activities on the dangers of skin-lightening products containing mercury and hydroquinone; to identify products that contain mercury and hydroquinone; to develop a train-the-trainers curriculum to train community leaders and others; to build self-esteem and wellness of young people who use skin-lightening products or are at risk of starting the practice; and to build capacity of organizations to combat skin-lightening practices.	House only	
43	**Community health workers; reducing health disparities with community-led care.** Adds § 145.9282. Requires the commissioner to support coordination between state and community partners to expand the community health worker profession across the state. Requires the commissioner to issue a grant to a nonprofit community organization that serves and supports community health workers statewide, to expand and strengthen the community health worker workforce. Requires the commissioner to evaluate the community health worker initiative using measures of workforce capacity, employment	House only	

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	opportunity, reach of services, and return on investment. Requires grant recipients to report grant program outcomes in a format and manner specified by the commissioner.		
44	**Reducing health disparities among people with disabilities; grants.** Adds § 145.9283. Requires the commissioner to support coordination between state and community partners to address barriers to health care and preventive services among people with disabilities, by: ▪ identifying priorities and action steps to address identified gaps in services and resources; ▪ conducting a community needs assessment and establishing a health surveillance and tracking plan; ▪ issuing grants to support establishment of inclusive, evidence-based, chronic disease prevention and management services; and ▪ providing technical assistance regarding accessible preventive health care to public health personnel and health care providers.	House only	
45	**Public Health AmeriCorps.** Adds § 145.9292. Allows the commissioner to award a grant to a statewide, nonprofit organization to support Public Health AmeriCorps members.	House only	
46	**Healthy beginnings, healthy families act.** Adds § 145.987. Establishes a Minnesota collaborative to prevent infant mortality, authorizes grants to improve infant	House only	

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	health, establishes the Help Me Connect online navigator, authorizes a universal screening program to identify young children at risk for developmental and behavioral concerns, and permits grants to implement model jail practices to benefit children of incarcerated parents. **Subd. 1. Purposes.** Lists purposes of the act. **Subd. 2. Minnesota collaborative to prevent infant mortality.** Establishes the Minnesota collaborative to prevent infant mortality to decrease infant mortality among populations with significant disparities, address leading causes of poor infant health outcomes, and promote the use of data-informed, community-driven strategies to improve infant health outcomes. Requires the commissioner to establish a statewide partnership program to engage communities, exchange best practices, and promote policies to improve birth outcomes. **Subd. 3. Grants authorized.** Requires the commissioner to award grants to eligible applicants for activities to improve infant health by reducing preterm births, sleep-related deaths, and congenital malformations and by addressing the social and environmental determinants of health. Lists entities eligible for grants and lists allowable uses of grant funds. Lists criteria to be used to evaluate grant applications, and requires grant recipients to report activities to the commissioner in a format and manner specified by the commissioner. **Subd. 4. Technical assistance.** Requires the commissioner to provide content expertise, technical expertise, training, and advice on data-driven strategies. Allows the		

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	commissioner to award contracts to appropriate entities to provide technical assistance for the grant program to improve infant health. **Subd. 5. Help Me Connect.** Establishes the Help Me Connect online navigator program to connect pregnant women and parenting families with young children with local services to support healthy child development and family well-being. **Subd. 6. Duties of Help Me Connect.** Requires Help Me Connect to assist with collaboration across sectors by providing early childhood provider outreach and linking children and families to appropriate community-based services. Also requires Help Me Connect to provide community outreach by maintaining a resource directory of health care, early childhood education, and child care programs; developmental disability assessment and intervention programs; mental health services, family and social support programs, child advocacy and legal services, and other information. Help Me Connect must facilitate provider-to-provider referrals and be a centralized access point for parents and professionals. **Subd. 7. Universal and voluntary developmental and social-emotional screening and follow-up.** Requires the commissioner to establish a universal, voluntary, development and social-emotional screening to identify young children at risk for developmental and behavioral concerns and to provide follow-up services by connecting families with community-based resources and programs. Requires the commissioner to work with the commissioners of human services and education to		

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	implement this subdivision. Lists duties for the commissioner under this subdivision. **Subd. 8. Grants authorized.** Requires the commissioner to award grants to community health boards and Tribal nations to support follow-up services for children with developmental or social-emotional concerns. **Subd. 9. Model jails practices for incarcerated parents.** Allows the commissioner to make special grants to counties and nonprofit organizations to implement model jails practices to benefit children of incarcerated parents. Defines model jails practices. **Subd. 10. Grants authorized.** Requires the commissioner to award grants to eligible county jails to implement model jails practices, and separate grants to local governments and nonprofit organizations to support children of incarcerated parents and their caregivers. **Subd. 11. Technical assistance and oversight.** Requires the commissioner to provide content expertise, training, and advice on evidence-based strategies, and to award contracts to appropriate entities to assist with these activities for the grant program to implement model jail practices.		
47	**Minnesota school health initiative.** Adds § 145.988. **Subd. 1. Purpose.** Provides that the purpose of the Minnesota School Health Initiative is to implement	House only	

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	evidence-based practices to strengthen and expand health promotion and health care delivery activities in schools using the Whole School, Whole Community, Whole Child model and the school-based health center model. **Subd. 2. Definitions.** Defines terms for this section: school-based health center or comprehensive school-based health center, and sponsoring organization. **Subd. 3. Expansion of Minnesota school-based health centers.** Requires the commissioner to provide grants to school districts and school-based health centers to support existing centers and support the growth of school-based health centers in the state. Allows grant funds to be used to support school-based health centers that comply with the listed criteria. **Subd. 4. School-based health center services.** Lists services that may be provided by a school-based health center. **Subd. 5. Sponsoring organization.** Requires a sponsoring organization that agrees to operate a school-based health center to enter into a memorandum of agreement with the school or district, and specifies what the agreement must address. **Subd. 6. Oral health in school settings.** Requires the commissioner to administer a program to provide competitive grants to schools, oral health providers, and other groups to establish, expand, or strengthen oral health services in schools. Allows grant funds to be used to		

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	support oral health services in schools that comply with the listed criteria. **Subd. 7. Whole School, Whole Community, Whole Child grants.** Requires the commissioner to provide competitive grants to schools, local public health organizations, and community organizations using the Whole School, Whole Community, Whole Child model to increase collaboration between public health and education and improve child development. Allows grant funds to be used to support programs that comply with the listed criteria. **Subd. 8. Technical assistance and oversight.** Requires the commissioner to provide content expertise, training, and technical expertise to entities receiving grants under subdivisions 6 and 7, and to award contracts to appropriate entities to assist with training and technical assistance.		
48	**Funding formula for community health boards.** Amends § 145A.121, subd. 1. Amends a subdivision governing the funding formula for distributing state funds to community health boards, to provide that funding to community health boards for foundational public health responsibilities must be distributed based on a formula established by the commissioner in consultation with the State Community Health Services Advisory Committee.	House only	
49	**Use of funds.** Amends § 145A.131, subd. 5. Requires a community health board to use funding distributed for foundational public health responsibilities to fulfill foundational public health	House only	

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	responsibilities, unless all foundational public health responsibilities are fulfilled. By July 1, 2026, community health boards must use all local public health funds to first fulfill foundational public health responsibilities, and then use these funds for local priorities.		
50	**Tribal governments; foundational public health responsibilities.** Adds subd. 2b to § 145A.14. Requires the commissioner to distribute grants to Tribal governments for foundational public health responsibilities as defined by each Tribal government.	House only	
51	**Scope.** Amends § 149A.01, subd. 2. Specifies that persons registered by the commissioner of health may perform the listed actions; this addition is to conform with the establishment of registration for transfer care specialists.	House only (see S.F. 1847, in finance)	
52	**Exceptions to licensure.** Amends § 149A.01, subd. 3. Specifies that transfer care specialists are not required to be licensed by the commissioner of health as a mortician or funeral director in order to perform duties under this chapter.	House only (see S.F. 1847, in finance)	
53	**Dead human body or body.** Adds subd. 12c to § 149A.02. Provides that the term dead human body or body, as used in chapter 149A, includes an identifiable human body part that is detached from a human body.	House only (see S.F. 1847, in finance)	

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54	**Direct supervision.** Amends § 149A.02, subd. 13a. Adds references to registrant and registration to a subdivision defining direct supervision, to conform with establishment of registration for transfer care specialists.	House only (see S.F. 1847, in finance)	
55	**Registrant.** Adds subd. 37d to § 149A.02. Defines registrant in chapter 149A as a person registered as a transfer care specialist.	House only (see S.F. 1847, in finance)	
56	**Transfer care specialist.** Adds subd. 37e to § 149A.02. Defines transfer care specialist in chapter 149A as a person registered with the commissioner and authorized to perform removal of a dead human body under the direct supervision of a licensed mortician.	House only (see S.F. 1847, in finance)	
57	**Duties of commissioner.** Amends § 149A.03. Adds to the duties of the commissioner of health related to mortuary science, to register transfer care specialists, enforce laws related to registration, and collect registration fees.	House only (see S.F. 1847, in finance)	
58	**Denial; refusal to reissue; revocation; suspension; limitation of license, registration, or permit.** Amends § 149A.09. Adds transfer care specialist registration to a section authorizing the commissioner of health to take licensing actions against mortuary science licenses, registrations, and permits and authorizing the commissioner to	House only (see S.F. 1847, in finance)	

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	restore licenses, registrations, and permits in certain circumstances.		
59	**Publication of disciplinary actions.** Amends § 149A.11. Requires the commissioner of health to publish disciplinary actions taken against transfer care specialists, in addition to actions taken against morticians, funeral directors, and interns under chapter 149A.	House only (see S.F. 1847, in finance)	
60	**Transfer care specialist.** Adds § 149A.47. Establishes registration procedures for transfer care specialists and authorizes them to remove dead human bodies from places of death under the direct supervision of a licensed mortician. **Subd. 1. General.** Permits a transfer care specialist to remove a dead human body from the place of death under the direct supervision of a licensed mortician. **Subd. 2. Registration.** Requires an applicant for registration as a transfer care specialist to submit to the commissioner an application with the listed information, proof of completing a training program, and the required fees. **Subd. 3. Duties.** Permits a registered transfer care specialist to remove a dead human body from the place of death to a licensed funeral establishment. Requires a transfer care specialist to work under the direct supervision of a licensed mortician. **Subd. 4. Training program.** Requires a transfer care specialist to complete a seven-hour training program that is	House only (see S.F. 1847, in finance)	

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	approved by the commissioner and covers the listed topics. Requires the training program to be completed every five years. **Subd. 5. Registration renewal.** Provides that registrations expire one year after the date of issuance. Establishes requirements for registration renewal.		
61	**Prohibited conduct.** Amends § 149A.60. Allows the commissioner of health to discipline a person regulated under chapter 149A for failing to comply with the person's registration.	House only (see S.F. 1847, in finance)	
62	**Licensees, registrants, and interns.** Amends § 149A.61, subd. 4. Adds registered transfer care specialists to the individuals who may report to the commissioner any conduct that is a ground for disciplinary action under chapter 149A.	House only (see S.F. 1847, in finance)	
63	**Courts.** Amends § 149A.61, subd. 5. Adds registered transfer care specialists to the list of persons for whom a court must report to the commissioner if a court finds the person mentally ill, mentally incompetent, or guilty of certain crimes, or if a court appoints a guardian or conservator.	House only (see S.F. 1847, in finance)	

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64	**Immunity; reporting.** Amends § 149A.62. Provides immunity from civil liability or criminal prosecution for a registered transfer care specialist who reports violations of chapter 149A in good faith.	House only (see S.F. 1847, in finance)	
65	**Professional cooperation.** Amends § 149A.63. Requires registered transfer care specialists to cooperate with the commissioner in any inspection or investigation by the commissioner or a designee.	House only (see S.F. 1847, in finance)	
66	**Mortuary science fees.** Amends § 149A.65, subd. 2. Establishes a fee of $687 for initial and renewal registration as a transfer care specialist.	House only (see S.F. 1847, in finance)	
67	**Advertising.** Amends § 149A.70, subd. 3. Adds registered transfer care specialists to the list of individuals prohibited from publishing false, misleading, or deceptive advertising.	House only (see S.F. 1847, in finance)	
68	**Solicitation of business.** Amends § 149A.70, subd. 4. Adds registered transfer care specialists to the individuals prohibited from soliciting business for valuable consideration to dispose of a dead human body.	House only (see S.F. 1847, in finance)	
69	**Reimbursement prohibited.** Amends § 149A.70, subd. 5. Adds transfer care specialists to the individuals prohibited from offering, soliciting, or accepting a commission or other reimbursement for recommending a dead	House only (see S.F. 1847, in finance)	

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	human body to be disposed of by a specific program or establishment.		
70	**Unprofessional conduct.** Amends § 149A.70, subd. 7. Adds registered transfer care specialists to the individuals prohibited from engaging in unprofessional conduct.	House only (see S.F. 1847, in finance)	
71	**Removal from place of death.** Amends § 149A.90, subd. 2. Modifies a subdivision governing persons authorized to remove dead human bodies from the place of death, to permit registered transfer care specialists to do so.	House only (see S.F. 1847, in finance)	
72	**Certificate of removal.** Amends § 149A.90, subd. 4. Adds transfer care specialists to the list of individuals who may remove dead human bodies from the place of death if a certificate of removal has been completed for the body.	House only (see S.F. 1847, in finance)	
73	**Retention of certificate of removal.** Amends § 149A.90, subd. 5. In a subdivision governing the use and retention of certificates of removal, requires a transfer care specialist who performs a removal and is not employed by the funeral establishment to which the body was taken, to retain a copy of the certificate of removal on file at the transfer care specialist's business address for three years after the date of removal.	House only (see S.F. 1847, in finance)	

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74	**Generally.** Amends § 149A.94, subd. 1. Changes the time period a body may be kept in refrigeration, from six days after death or release of the body from the coroner or medical examiner as in current law, to: ▪ up to 30 days if the funeral establishment provides notice by the 14th day that the body will be kept in refrigeration for more than 14 days and that the person with the right to control final disposition may make other arrangements; and ▪ more than 30 days, if the funeral establishment reports certain information to the commissioner. Each report allows the funeral establishment to keep a body in refrigeration for an additional 30 days, and failure to submit this report subjects a funeral establishment to enforcement under chapter 149A.	House only (see S.F. 1847, in finance)	
75	**Bona fide labor organization.** Adds subd. 1a to § 152.22. Defines bona fide labor organization for statutes governing the medical cannabis program.	House only	
76	**Indian lands.** Adds subd. 5d to § 152.22. Defines Indian lands for statutes governing the medical cannabis program.	House only	

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77	**Labor peace agreement.** Adds subd. 5e to § 152.22. Defines labor peace agreement for statutes governing the medical cannabis program.	House only	
78	**Tribal medical cannabis board.** Adds subd. 15 to § 152.22. Defines Tribal medical cannabis board for statutes governing the medical cannabis program.	House only	
79	**Tribal medical cannabis program.** Adds subd. 16 to § 152.22. Defines Tribal medical cannabis program for statutes governing the medical cannabis program.	House only	
80	**Tribal medical cannabis program patient.** Adds subd. 17 to § 152.22. Defines Tribal medical cannabis program patient for statutes governing the medical cannabis program.	House only	
81	**Medical cannabis manufacturer registration and renewal.** Amends § 152.25, subd. 1. Modifies medical cannabis manufacturer registration and renewal requirements, to: ▪ require the commissioner to register at least four and up to ten medical cannabis manufacturers, with the commissioner registering additional manufacturers beginning December 1, 2022; ▪ require renewal of at least one manufacturer registration to occur each year, once more than two manufacturers are registered;	House only	

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	▪ require an entity seeking registration or registration renewal to attest to having entered into a labor peace agreement with a labor organization; ▪ require the commissioner to publish application scoring criteria for registration or registration renewal; ▪ require a manufacturer that is a business entity to be formed or organized under Minnesota law, as a condition of registration or registration renewal; and ▪ list additional criteria the commissioner must consider when determining whether to register a manufacturer or renew a registration. Also strikes language requiring the commissioner to require manufacturers to contract with a laboratory to test medical cannabis. The language being stricken duplicates language in § 152.29, subd. 1.		
82	**Background study.** Adds subd. 1d to § 152.25. Before the commissioner registers a manufacturer or renews a registration, requires a background study of each officer, director, and controlling person of the manufacturer. Specifies background study requirements, and prohibits the commissioner from registering a manufacturer or renewing a registration if an officer, director, or controlling person committed certain acts.	House only	
83	**Report.** Amends § 152.29, subd. 4. Requires medical cannabis manufacturers to report to the commissioner of health on a	House only	

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	weekly basis, information on each Tribal medical cannabis program patient who obtains medical cannabis from the manufacturer.		
84	**Distribution to Tribal medical cannabis program patient.** Adds subd. 5 to § 152.29. Allows a medical cannabis manufacturer to distribute medical cannabis to Tribal medical cannabis program patients. Before distribution, requires a Tribal medical cannabis program patient to provide the manufacturer with a valid medical cannabis registration verification from a Tribal medical cannabis program, and a valid photo identification. Provides that the manufacturer can distribute medical cannabis to Tribal medical cannabis program patients only in a form allowed under state law.	House only	
85	**Tribal medical cannabis program; manufacturers.** Adds § 152.291. Provides that a Tribal medical cannabis program operated by a federally recognized Tribe in Minnesota shall be recognized as a medical cannabis manufacturer. Allows a manufacturer registered with a Tribal medical cannabis program to transport medical cannabis to testing laboratories and to other Indian lands. Requires a transport vehicle to be staffed with at least two manufacturer employees, and requires the employees to carry identification and a transportation manifest.	House only	
86	**Patient duties.** Amends § 152.30. Current law allows a patient to receive medical cannabis and medical cannabis products only from a	House only	

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	manufacturer. This section also allows a patient to receive medical cannabis from a Tribal medical cannabis program.		
87	**Protections for registry program participation or participation in a Tribal medical cannabis program.** Amends § 152.32. **Subd. 1. Presumption.** Extends the presumption that a patient enrolled in the registry program is engaged in the authorized use of medical cannabis to also include Tribal medical cannabis program patients. Allows the presumption to be rebutted by evidence that the Tribal medical cannabis program patient's use of medical cannabis was not for a purpose authorized by the Tribal medical cannabis program. **Subd. 2. Criminal and civil protections.** Para. (a) provides that the use or possession of medical cannabis or medical cannabis products by a Tribal medical cannabis program patient is not a violation of chapter 152. Para. (c) extends protections from civil penalties or disciplinary action for participation in a Tribal medical cannabis program, to members of a Tribal medical cannabis board, Tribal medical cannabis board staff, and agents and contractors of the Tribal medical cannabis board. Para. (g) prohibits information obtained from a Tribal medical cannabis program patient under the medical cannabis statutes from being submitted as evidence in a criminal proceeding unless independently obtained or in	House only	

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	connection with a proceeding involving a violation of the medical cannabis statutes. Para. (i) extends the protections from disciplinary action for attorneys providing legal assistance to prospective or registered manufacturers, to also include protection from disciplinary action by a Tribal court and to include providing legal assistance to a Tribal medical cannabis program. Para. (j) provides that possession of a verification issued by a Tribal medical cannabis program by a person entitled to possess a verification does not constitute probable cause or reasonable suspicion and cannot be used to support a search of the person or property. **Subd. 3. Discrimination prohibited.** Prohibits certain discriminatory conduct based on a person's status as a Tribal medical cannabis program patient.		
88	**Intentional diversion; criminal penalty.** Amends § 152.33, subd. 1. In a subdivision establishing a criminal penalty for transferring medical cannabis to a person other than allowed by law, adds language providing a manufacturer may transfer medical cannabis to a Tribal medical cannabis program patient.	House only	
89	**Fees; deposit of revenue.** Amends § 152.35. Lowers the fees charged to enroll patients in the medical cannabis program, from $50 for patients enrolled in a state public health care program or receiving certain disability benefits and $200 for all other patients, to $40 for all patients.	House only	

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	Lowers the registration application fee for manufacturer registration from $20,000 to $10,000.		
		Senate only	**Section 17 (245C.03, subd. 5a)** specifies that the Department of Human Services is not required to conduct a background study under this chapter on an individual who is employed at a facility or agency licensed by the Department of Health if the individual has a valid license issued by a health related-licensing board and has completed a criminal background check under section 214.075 as part of the health-related licensing board's licensing process; requires the entity affiliated with the individual to separate those individuals from the entity's NETStudy 2.0 roster list.
		Senate only	**Section 18 (245C.31, subd. 1)** requires the commissioner of human services to notify a health-related licensing board if the commissioner determines that an individual licensed by the board is responsible for substantiated maltreatment. Upon receiving such notification, the board shall determine whether to impose disciplinary or corrective action.
		Senate only	**Section 19 (245C.31, subd. 2)** makes conforming changes. Also strikes the requirement that the commissioner of human services notifies a health-related licensing board as to whether the commissioner would have disqualified the individual for the substantiated maltreatment if the individual was not regulated by a board and strikes the requirement that the commissioner notify the individual who is the subject of the study of the finding of substantiated maltreatment.

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		Senate only	**Section 20 (245C.31, subd. 3a)** requires the commissioner of human services and the health-related licensing boards to enter into an agreement for each board to provide the commissioner with a quarterly roster list of individuals who have a license issued by the board in active status. Specifies what information must be included in the roster list.
90	**Mental health cultural community continuing education grant program.** Amends Laws 2021, First Special Session chapter 7, article 3, § 44. Expands the allowable uses of grants distributed under the mental health cultural community continuing education grant program, to allow funds to be used to cover the cost of supervision when required for professionals to become supervisors; and to cover supervision costs for mental health practitioners pursuing licensure at the professional level. Also modifies eligibility criteria for grants, to allow individuals to receive a grant if they practice in a mental health professional shortage area, and to remove a requirement in current law that they work for a community mental health provider.	House only	
91	**Benefit and cost analysis of a universal health reform proposal.** Requires the commissioner of health to contract for an analysis of the costs and benefits of a proposal for a universal health care financing system and of the current health care financing system, and to report the results of the analysis by January 15, 2023.	House only	

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92	**Nursing workforce report.** Requires the commissioner to provide a public report on Minnesota's supply of active registered nurses, trends in retention of registered nurses by hospitals, reasons registered nurses are leaving direct care positions at hospitals, and reasons registered nurses are choosing not to renew their licenses and are leaving the profession.	House only	
93	**Emmett Louis Till Victims Recovery Program.** Establishes the Emmett Louis Till Victims Recovery Program, in which the commissioner of health issues grants to provide health, wellness, and other services to victims who experienced trauma, including historical trauma, and to their families and heirs who experienced trauma. **Subd. 1. Short title.** Provides that this section shall be known as the Emmett Louis Till Victims Recovery Program. **Subd. 2. Program established; grants.** Requires the commissioner of health to establish the Emmett Louis Till Victims Recovery Program to address health and wellness needs of victims who experienced trauma, including historical trauma, and their families and heirs who experienced trauma. For this program, requires the commissioner, in consultation with victims, families, heirs, and community-based organizations, to award competitive grants for projects to provide the listed services to victims, families, and heirs who experienced trauma. In awarding grants, requires the commissioner to prioritize grant awards to organizations experienced in providing support	House only	

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	and services to victims, families, and heirs who experienced trauma. **Subd. 3. Evaluation.** Requires grant recipients to provide the commissioner with information required by the commissioner to evaluate the grant program. **Subd. 4. Reports.** Requires the commissioner to submit a status report by January 15, 2023, on grant program activities to date, services offered, and an assessment of the need to continue to offer services.		
94	**Identify strategies for reduction of administrative spending and low-value care; report.** Requires the commissioner to develop recommendations for strategies to reduce the volume and growth of administrative spending by health care organizations and group purchasers, and to reduce the amount of low-value care delivered to Minnesota residents. Requires the commissioner to report these recommendations to the chairs and ranking minority members of the legislative committees with jurisdiction over health and human services by December 15, 2024.	House only	
95	**Initial implementation of the Keeping Nurses at the Bedside Act.** Requires hospitals to establish and convene a hospital nurse staffing committee by April 1, 2024; implement core staffing plans by June 1, 2024; and submit core staffing plans to the commissioner by June 1, 2024.	House only	

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96	**Lead service line inventory grant program.** Requires the commissioner of health to establish a grant program to provide municipalities with financial assistance to produce an inventory of lead service lines within their jurisdiction. Allows a municipality to use grant funds to survey households to determine service line composition, create databases or visualizations of lead service lines, and comply with inventory requirements in the federal Lead and Copper Rule.	House only	
97	**Payment mechanisms in rural health care.** Requires the commissioner to develop a plan to assess the readiness of rural communities and providers to adopt value-based, global budgeting, or alternative payment systems and recommend steps needed to implement them. Requires the commissioner to develop recommendations for pilot projects by January 1, 2025, and to share the findings with the Health Care Affordability Board.	House only	
98	**Program to distribute COVID-19 tests, masks, and respirators.** Directs the commissioner of health to distribute COVID-19 tests, masks, and respirators to individuals in Minnesota at no cost to the individuals receiving them. **Subd. 1. Definitions.** Defines terms for this section: antigen test, COVID-19 test, KN95 respirator, mask, and respirator. **Subd. 2. Program established.** Requires the commissioner of health to administer a program to distribute COVID-19 tests, masks, and respirators to individuals in Minnesota at no cost to individuals receiving them. Allows masks and	House only	

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	respirators distributed to include child-sized masks and respirators. Specifies how COVID-19 tests, masks, and respirators may be distributed, and allows the commissioner to prioritize distribution to communities and populations disproportionately impacted by COVID-19 or who have difficulty accessing tests, masks, or respirators. **Subd. 3. Process to order COVID-19 tests, masks, and respirators.** Allows the commissioner to establish a process for individuals to order COVID-19 tests, masks, and respirators to be shipped directly to the individual. **Subd. 4. Notice.** Allows an entity distributing certain respirators to include a notice that individuals with certain medical conditions should consult with a health care provider before using a respirator. **Subd. 5. Coordination.** Allows the commissioner to coordinate this program with other state and federal programs.		
99	**Report on transparency of health care payments.** Requires the commissioner of health to report to the legislature by February 15, 2023, on the volume and distribution of health care spending across payment models used by health plan companies and third-party administrators, with a focus on value-based care models and primary care spending. Among other things, requires the report to include recommendations on changes needed to gather better data about the use of value-based payments by health plan companies and third-party administrators. Lists duties of the commissioner and requires health plan companies and third-party administrators	House only	

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	to comply with data requests within 60 days after receiving the request. Classifies data collected under this section as nonpublic data, allows summary data to be derived from nonpublic data, and requires the commissioner to establish procedures to protect the integrity and confidentiality of the data.		
100	**Safety improvements for state-licensed long-term care facilities.** Requires the commissioner of health to develop and implement a temporary, competitive grant program for state-licensed long-term care facilities to improve their ability to reduce transmission of COVID-19 and similar conditions. Directs the commissioner to award improvement grants to assisted living facilities, supervised living facilities, boarding care facilities that are not federally certified, and nursing homes that are not federally certified, for projects to update, remodel, or replace outdated equipment, systems, technology, or space. Lists projects that may receive grants. Establishes processes to apply for grants, for consideration of grant applications, and for grant awards. Allows the commissioner to collect information necessary to evaluate the program. Provides that this section expires June 30, 2025.	House only	
101	**Study of the development of a statewide registry for provider orders for life-sustaining treatment.** Directs the commissioner of health to study and report on creating a statewide registry of provider order for life-sustaining treatment forms.	House only	

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	Subd. 1. Definitions. Defines terms for this section: commissioner, life-sustaining treatment, POLST, and POLST form. (POLST is an acronym for provider order for life-sustaining treatment.) **Subd. 2. Study.** Directs the commissioner of health, in consultation with an advisory committee containing members from the communities listed in paragraph (c), to study the creation of a statewide registry of provider order for life-sustaining treatment (POLST) forms. Requires the registry to allow submission of completed POLST forms and to allow forms to be accessed by providers and EMS personnel in a timely manner. Requires the commissioner to develop recommendations on the listed items. Requires the commissioner to establish an advisory committee with members representing certain health care providers, nursing homes, EMS providers, hospice and palliative care providers, the disability community, lawyers, medical ethicists, and the religious community. **Subd. 3. Report.** Requires the commissioner to submit a report on the study and recommendations to the chairs and ranking minority members of certain legislative committees by February 1, 2023.		
102	**Revisor instruction.** Requires the revisor to: ▪ codify the mental health cultural community continuing education grant program in statute; ▪ correct cross-references to definitions in the health professional education loan forgiveness program;	House only	

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	▪ move certain definitions in existing law to a new definitions section for the nurse staffing committee and core staffing plan sections; and ▪ move two sections establishing home visiting programs from chapter 145A to chapter 145.		
		Senate only	**Section 23** repeals Minnesota Statutes, section 254A.21, effective July 1, 2023. This is repealing the current section located in a DHS chapter for the fetal alcohol spectrum disorders prevention grant program.